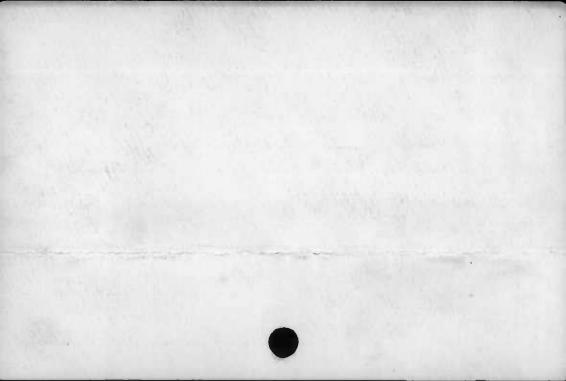
Name in CERTIFICATE OF DEATH Full County MARYLAND Died at Months Days Date Age of death 190 BY REST FRIEND Birth-Color or ANSWERED place Sex Race Where Residing if not at place of death Married, Single Name of Wile or Husband or Widowed NEAF TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address 00 Accident or Suicide? LIBRARY BUREAU ABBOY



in Full	Philip a al	moht	+		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Lourande Bally				MARYLAND	
	of death 1909 Worth	Day /	Age 66	Mor	Days Days	
	Sex M	Color or A	r	Birth- place	my	
	Occupation rations		Where Residing if not at place of death	aloa o	Laurarle	
	Married Single or Widowed	Name of Wife or Husband	Elmor 1	alendy		
	Father's Yumothy	alln	the state of the s	Father's Birthplace	In name	
	Mother's Maiden Name	2018		Mother's Birthplace	& parmony	
	Name of person giving Imformation	ing 4 1 coulmer			3m1	
		CAUSE	S OF DEATH	(40)		
OF CORONER	Primary Cross Of the	1 Slow	rach	Howlerg	mis	
	Immediate Haernech	hope		How long	5 primits	
	Are the name, age, sex, color, date and place correctly given above?	16	Signature of hysician	Mulle	Marling	
			Address	rungan	1	
	Accident or Suicide?				MARY NUCEAU ASDDIO	

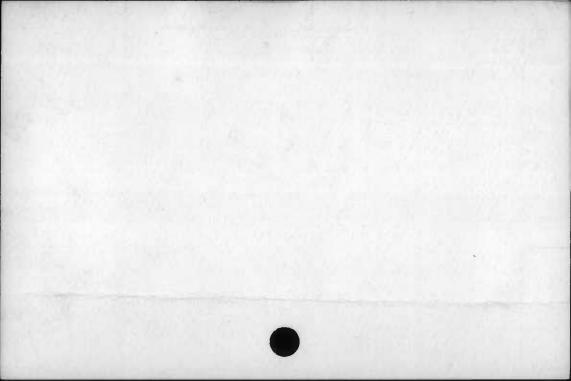
Egy Schiller Stirrer

Name in Full CERTIFICATE OF DEATH County Died at MARYLAND Day Months Date Days of death 1909 Age 20 Birth-Color or ANSWERED FRIEN Race place Occupation Where Residing if not et place of death NEAREST Ma led. Single Name of Wile or Husband Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary ORONER How long HYSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Swielde LIBRARY BUREAU ASSESS

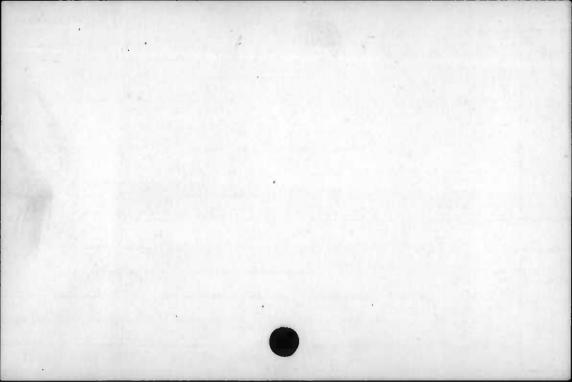
for Bloods Complon Page Co. Vrignie Name In Full CERTIFICATE OF DEATH Died at Planzin MARYLAND Day Months Date 10 Color or place fromsvelly ANSWERED FRIEN Race Occupation Where Residing if not at place of death REST Married, Single Name of Wife or olizabeth 13 Phrl Vr Widowed -NEA BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased Sistry-wilau In formation CAUSES OF DEATH Primary RONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of 0 and place correctly given above? Physician Address LIBRARY BUSEAU ASSOLS

Interment of for James Tuesday 13" N. 6 Brooks

Name in CERTIFICATE OF DEATH Foll MARYLAND Died at Months Days Day Date Age of death 190 REST FRIEND Color or Race Birth-ANSWERED Sex Occupation Where Residing if not at place of death Name of Wife or Married, Single Husband or Widowed NEAF TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to doceased In formation CAUSES OF DEATH How long Primary How long CORONER PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suichde? LIBRARY BUREAU ASSESS



Name	100	0 1	1	. 1			
in Full	mary a	Umerta			CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at pt ofnes Hospilal		Balls		MARYLAND		
	Date of death 190 9 4	28	Age 46	Mo	onths Days		
	Sex Female	Color or Race	Thile-	Birth- place	nd.		
	Occupation Husewift			1336-W.	Lafayelle an		
	Married, Single Married or Widowed	Name of Wife or Husband	Henry .	J. anno	ld		
	Father's abraham Hains			Father's Birthplace			
	Mother's Maiden Name Unknown				Mother's Birthplace		
	Name of person giving Chas. anold				How related Sow.		
		CAUSE	S OF DEATH	(164)			
PHYSICIAN OR CORONER	Primary Munck	In Ele	drie Ga	Howlong	36 200.		
	Immediate Mulliple Du	nationa le	my Brocker	How long			
	Are the name, age, sex, color, date and place correctly given above?		ignature of MG	norw.	Mills Com		
			Address	Winan			
0	Accident or Suicide?	cident-		Balt	Go mos		
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Name Full MARYLAND Months Days Date of death 1904 Age Birth -Z FRIE Race . plece. Occupation Where Reciding if not 3508. 6 Laurbard Madad, Single Name of Wife or or Widowed Husband 7 Fether's Name Theodore arrundalo Birthplace Mother's Mothar'a Birthplace Name of person giving How related Information CAUSES OF DEATH 띰 SICIAN Z œ Are the name, ege, aex, color, dete Signature of Physicien and piece correctly given above? Accident or Suicide OFFICE SUPPLY CO., 2284

Name Full CERTIFICATE OF DEATH County Died at Catorsville MARYLAND Deva Age Z Color or Birth-NSWERED Race place Occupation Married, Single or Widowed Father's Father's Birthplace Mother's Mother's Watelda, Ridgels Maiden Nams Birthplece Name of person giving How related Reclared Information o deceesed CAUSES OF DEATH ER How long z Immediete ec Are the name, age sex, color, date Signature of and placa correctly given above? Physician Accident or Suicide OFFICE SUPPLY CO. 8-20--0a

Londan Park E Machison Mitchell 1201 W. Fray thest.

Name in Full	Thomas 6	luare	1 Bane	CER	TIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Grethervill		Bulle 1	50	MARYLAND		
	Date of deeth 190 9 4	Day	Age 27	Months	Deya		
	Sex mule	Color or Race	Bolered	Birth- place Beau	ele to		
	Occupation Julian	Gulher	rille				
	Married, Single or Widewed	Name of Wife or Husband					
	Father's Hame Horas M. Janes.			Fathar'a Birthplace Buth			
	Mother's Maiden Name				Mothar'a Birthplace Bulle to		
	Nama of person giving Information	person giving on the state of t			How releted to deceased		
	39	. CAUSE	S OF DEATH	(27)			
	Primary Pulmona	n Zub	neulosis	Harriong Helter	u Mouetis		
PHYSICIAN OR CORONER	Immediate Exclusion	Tion		How long	mont		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physicism	= See	itali		
			Address	ides.			
(-)	Accident or Suicide			Med	, 8		
				OFF	ICE SUPPLY CO. 8-20 OR		

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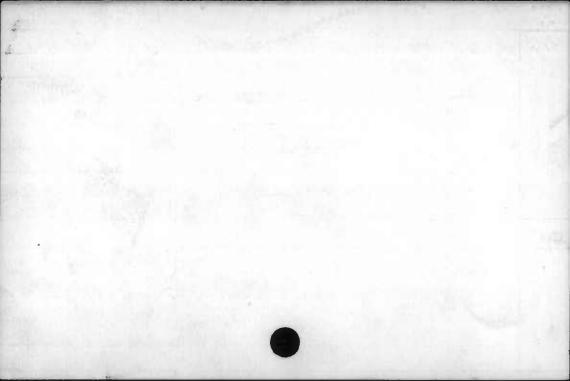
Name oshua atkinson Batto, Full CERTIFICATE OF DEATH Died at Forest Park County Baltimon MARYLAND Days Date Months of death 190 G apr. 1001 Baltings. Color or Race Birthmale ANSWERED Occupation Where Residing if not mountacturer. at place of death Married, Single Married Name of Wife or Husband Emma Bates or Widowed TO BE Father's James Bates Father's Name Birthplace Mother's Frances R. Bates Mother's Maiden Name Birthplace Name of person giving & H Batter How related to deceased CAUSES OF DEATH Uraemia - nephritis EB How long PHYSICIAN ORON Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Baltimors, ma Accident or Suicide?

Interment at Armid Ridge Cernety.

HEHugher 19 & Broadway Endertaker. Name Gndicott Full CERTIFICATE OF DEATH Died at MARYLAND Months Date Age BY of death 190 0 Color or Birth-Z ANSWERED FRIER Sex Race place Occupation Where Residing if not at place of death REST Married, Single Married Name of Wife or Husband 86 Father's 9 Birthplace Mother'a Mother'a Maiden Nama/ Birthplace Name of person giving Char How related to deceased CAUSES OF DEATH Primary 00 How long VSICIAN ы Z Immediate E Are the name, age, sex, color, data Signatura of and placa correctly given above? Physician Address Accident or Suicida OFFICE SUPPLY CO. 5-20--08

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Name in CERTIFICATE OF DEATH Full Died at MARYLAND Months Days Day Date of death 190 BY 0 Birth-Color or ANSWERED REST FRIEN Sex Race Occupation Where Residing if not at place of death arrener Name of Wite or Married, Single Kedan Husband or Widowed NEAR BE Father's Father's Birthplace Name TO Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation CAUSES OF DEATH How los Primary CORONER How long HYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? -Physician Address Accident or Suicide? LIBRARY BUREAU ASSELS



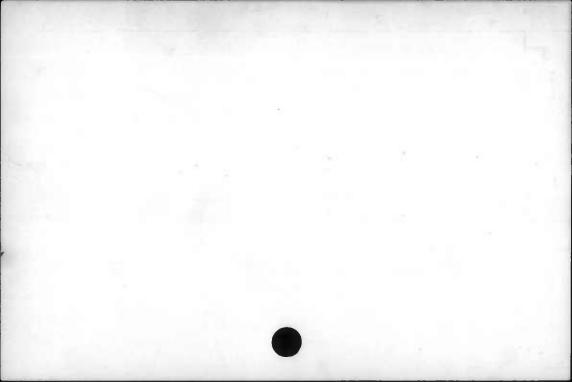
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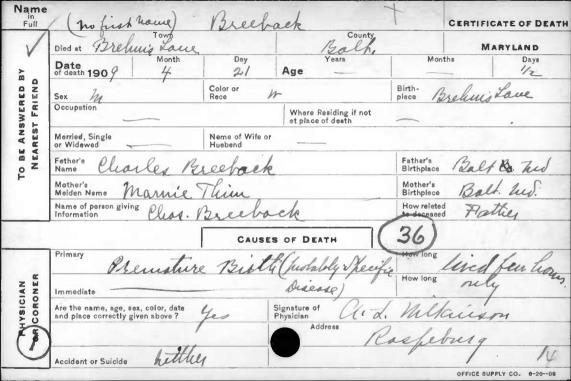
Horace Burges Undertaker 3631 Fallo Road Ballo med - David Redge

Name Full CERTIFICATE OF DEATH ounty Died at MARYLAND Montha Dava Date Age of death 190 Color or ANSWERED FRIEN Sax Race Occupation Where Realding if not at place of death REST Name of Wife or Married, Sin OF WHITEHOUSE Husband EAI Fathar'a Father's To Birthplace Name Mother' Mother's Maiden Name Birthplace Nama of person giving How ralated to deseased Information CAUSES OF DEATH Primary How long œ How long PHYSICIAN ORONE Immediata Are the name, age, sex, color, data Signature of and placa correctly given above? Physician Addres HC Accident or Suicide OFFICE SUPPLY CO. 5-20--88

He was under the influence of liquor, and died at the Maryland Country Club on Park Heights Ave. Was brought down in a wagon to Arlington Station House. The Jury rendered a verdict he came to his death by natural causes, and exonerated the members of the Maryland Country Club from all blame.

Name CERTIFICATE OF DEATH Full Ust Keevery Dest Keer Age mapoles Mld. or Widowed Fathar's Mothar's Mothar's Maidan Nama Birthplaca Information melancholia Ex Sustribes & Cardiae Syncore DRON Ara tha nama, age, sex, color, date and placa correctly given abova? Accident or Suicide.





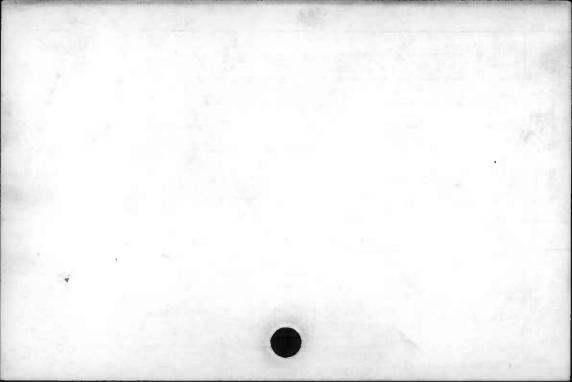
mr. Dippel.

Name in CERTIFICATE OF DEATH Full County MARYLAND Day Date Months Days of death 190 Age FRIEND Color or Birth-TO BE ANSWERED Sex Race Occupation Where Residing if not at place of death Married, Single Name of Wife or Husband or Widowed Father's Fether's Name Birthplace Mother's Mother's Maiden Name Birthplece Name of person giving How related In formation CAUSES OF DEATH Primary now long CORONER How long PHYSICIAN immediate Are the name, age, sex, color, date Signature of and place correctly given ebove? Physician Address

J. g. smith Forermount Bultimore

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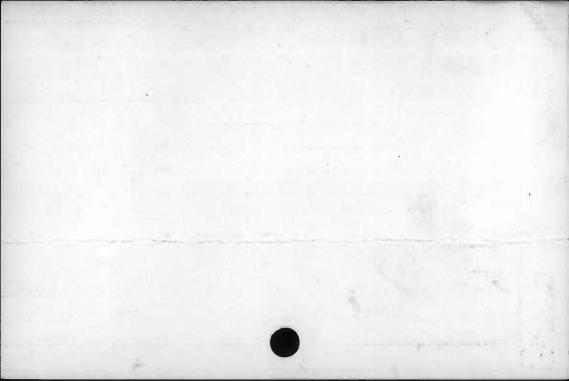
Daisy 13. 13 rown CERTIFICATE OF DEATH Died at Alleston MARYLAND Days Date of death 1909 Apr 12 Sax Hemale, Color or white Occupation Where Residing if not Housewife at place of death Marriad, Single Harned Mr. Brown Nama of Wife Father's Name N. C. Powell, irginia) Carrie Pence Name of person giving Mrs. Carrie Youll How related to deceased CAUSES OF DEATH Primary Julneonary Interculosis about 13 mouth 6 Thouthes (?) Z 0 Signature of Are the name, age, aex, color, date and place correctly given above? Ellicott City Mde Accident or Suicide OFFICE SUPPLY CO., 11-15-R8



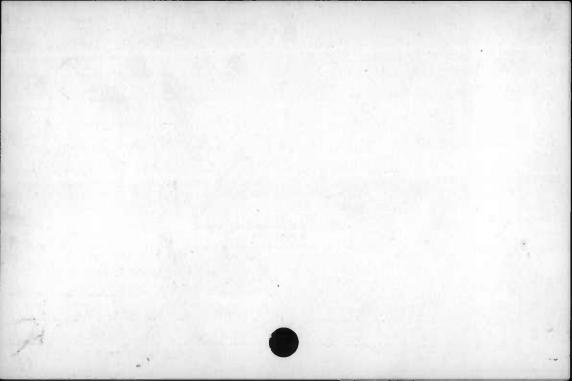
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Name	111	11 7/2)		,			
in Full	Monny	J. 10.	102000	/.	1	CERTIFICAT	E OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at 18 radshare Ballyon			Towns (MARYLAND			
	Date of death 190 9	th 1909 Honth Day Years Age 67		M	onths	Days		
	Sex J'envale Color or Black			Birth- place				
	Occupation M	dwife	/	Where Residing if at place of death	not Da	me		
	Married, Single Married Name of Wife or Policy Brown							
	Father's not exprono.				Father's Birthplace			
	Mother's Maiden Name Met Reviews				Mother's Birthplace			
	Name of person giving Run Brown					How related Howard		
CAUSES OF DEATH (27)								
PHYSICIAN OR CORONER	Primary /	lmor	carol	uter cu	Core now long	our	Glar	
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	Are the name, age, sex, color, date and place correctly given above? Are the name, age, sex, color, date Physician Physician					ruch		
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Name in Fu! CERTIFICATE OF DEATH County MARYLAND Months Days Date Age of death 190 9 Color or Birth-Colare d hid. Sex Male FRIEN place ANSWERED Race Occupation Married, Single or Widowed REST Name of Wife or Husband NEAF Father's Father's Joseph Brown hud Birthplace Name 10 Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary Mula NER How long PHYSICIAN ORO Are the name age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIDRARY SUREAU ABSST

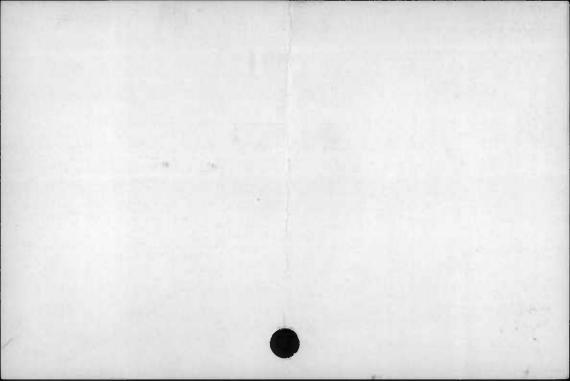


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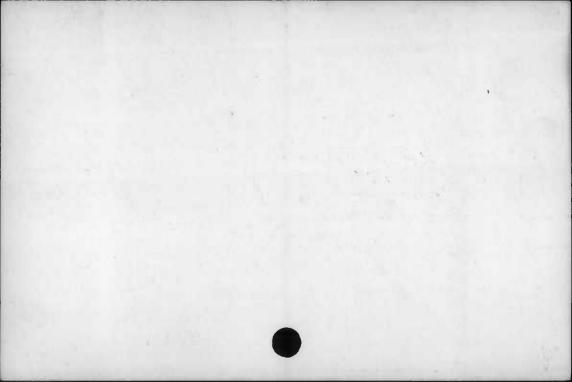
Balto Cemetry N. Sande 880 Name Esther Sidney Buchanan GERTIFICATE OF DEATH Died at Roland Pars MARYLAND Months Devs Date of deeth 190 9 April 524 Color or Rirth-Sex 42 male place Occupation Where Residing if not 102/ lo achedral St Ball SW Z Name of Wife or Fether'e Hilliam B. Buch amon Balto no Birthplece Mother's Birthplece archibald aylot. How related Information todeceased CAUSES OF DEATH Caranson of Are the name, aga, aex, color, data and place correctly given above? 1007 Cachenae Accident or Suicide OFFICE SUPPLY CO. 5-20-08

Place of Burial
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Navy H. Jankins and Somo Co.

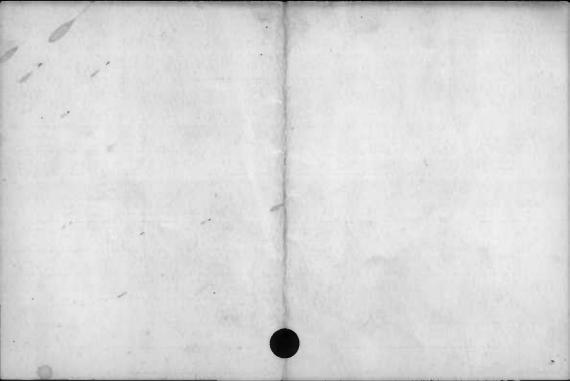
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Name in CERTIFICATE OF DEATH Full Died at MARYLAND Day Months Days Date Age of death 1 90 9 BY REST FRIEND Birth-Color or Race ANSWERED place Sex Occupation Where Residing if not at place of death Married, Single Name of Wife or Husband or Widowed NEAF TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation CAUSES OF DEATH Primary How RONER How long FICIAN Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ARRE



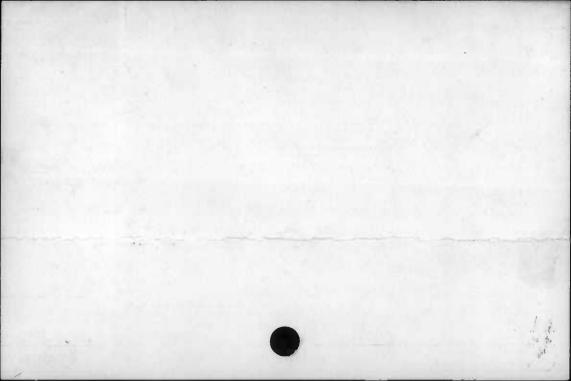
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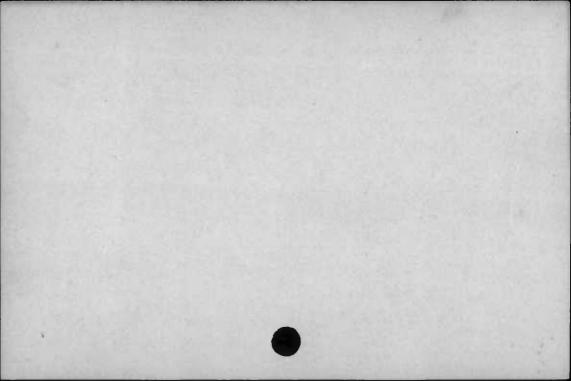
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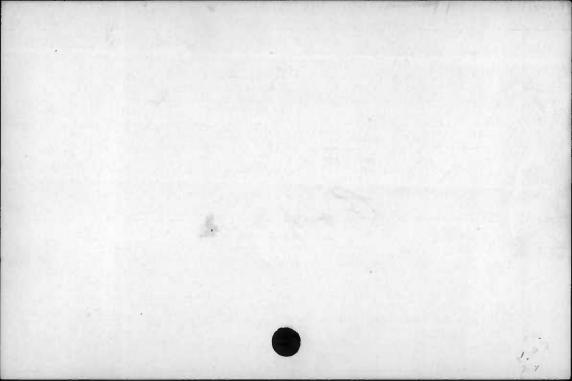
Name in Full CERTIFICATE OF DEATH County Town Died at MARYLAND Day Date Months of death 1909 Age 0 Color or Birth-ANSWERED REST FRIEN Sex Race place Occupation Where Residing if not at place of death Married, Single Name of Wife or or Widowed Husband NEAF TO BE Father's Father's Birthplace Wukum Name Mother's Mother's Maiden Name Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primary Howle ORONER How long HYSICIAN Immediate Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU AS



Name Full CERTIFICATE OF DEATH County Town. MARYLAND Months Date of death 1900 BY FRIEND Color or ANSWERED Race Sex Occupation Where Residing if not at place of death NEAREST Name of Wile or Married, Single Husband or Widowed 田田 Father's Father's Birthplace 3 al (Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH tium long Primary ORONER How long Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide?



Name in Full. CERTIFICATE OF DEATH County Died at MARYLAND Months Days Date Age of death 1904 FRIEND Birth-Color or ANSWERED place Sex Race Occupat Where Residing if not at place of death REST Name of Wife or Married, Single Husband or Widowed BE Father's Father's Birthplace Name Lo Mother's Motker/s Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suicide? LIBRARY BUREAU ASSSIS



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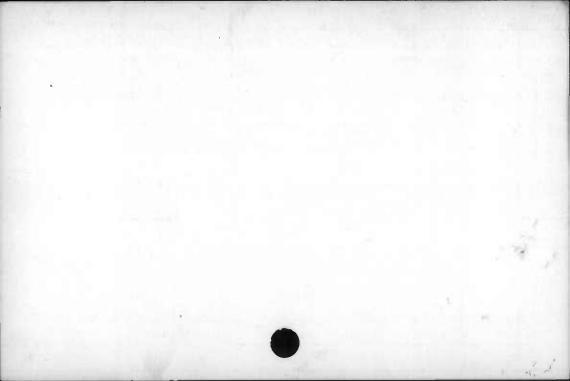
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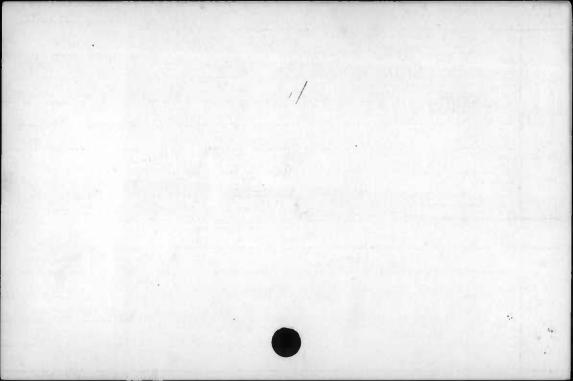
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Friends Meeting House

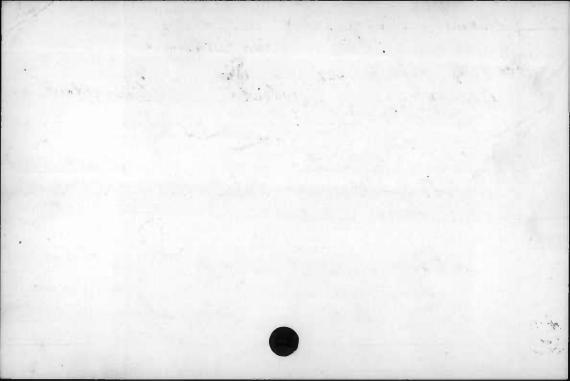
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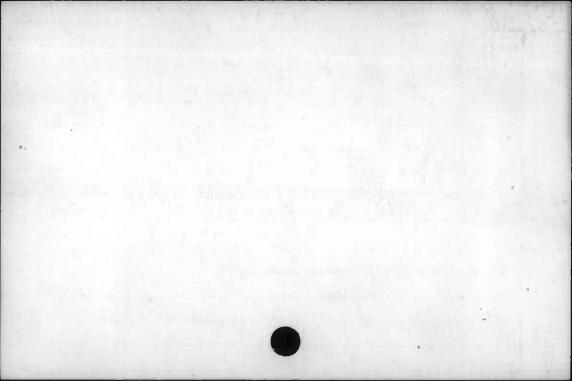
Name Frank Crawley. in Full CERTIFICATE OF DEATH Died at Catonsvelle, MARYLAND Months Days Date Culored Color or Verguea RIEN ANSWERED Where Residing if not daborev. at place of death NEAREST Married, Single Name of Wite or Father's Father's Birthplace To Mother's Mother's Unknown. Birthplace Maiden Name Name of person giving Once How related CAUSES OF DEATH Primary EB How long ORON Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or LIBRARY BUREAU ABSSIS



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Name in Vernice Full CERTIFICATE OF DEATH Butt. Town Died at MARYLAND Months Days Month Date of death 1909 Age Birth-Color or ANSWERED FRIEN place Race Occupation Where Residing if not at place of death Married Single Name of Wite or or Widowed Husband BE Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH Primary ORONER How long YSICIAN 1mmediate Are the name, age, sex, color.date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ASSELS



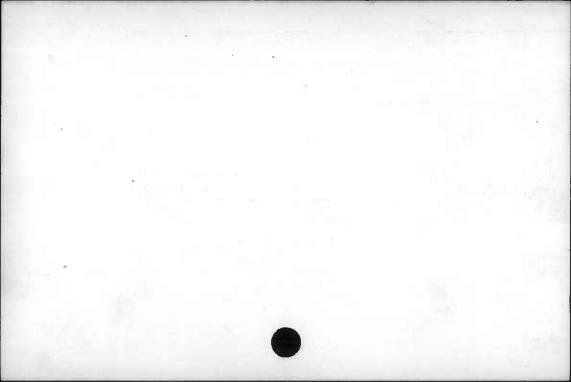
Name Robert M. Denison GERTIFICATE OF DEATH Full MARYLAND Months Dava Age Color or Sex - Male SWER Occupation Where Residing if not at place of death Name of Wife or Edward Devison Fether's england Birthplace Mother's Mother's Maiden Name Elizabeth Hilson Birthplace Nama of person gividg How related to deceased Primary 00 How long ы jaustian Long NO Signature of Are the name, age, aex, color, dete 20 end place correctly given above? Physician Address Cooker swelle Ma accident. recident or Suicide OFFICE SUPPLY CO. 8-20--08

Henry Afrulland Sean Co Gorenmant Cena April 2220/09

Name Full CERTIFICATE OF DEATH MARYLAND Months Days Birth-Ballo, co. m. NSWERED Where Residing if not touse wife at place of death Married, Single Name of Wife or or Widowed The arried Husband 4 Father's Mother's ofice Birthplace & allo .Co, Mr. O Nama of parson giving rilli am How raleted Husband Information Service delectify Several you Ara tha nama, age, sax, color, date and plece correctly given shove? Physician rasvelle Mil. Accidant or Suicide OFFICE BUPPLY CO., 11-15-08

Joseph Eline -Piney Gron Cemelery.

Name Full CERTIFICATE OF DEATH MARYLAND Died at Month Day Months Daya Date Age of death 190 4 Color or ANSWERED FRIEN Sex Rece Occupation Whera Residing if not at place of death REST Married, Single Name of Wife or or Widowed Husband EA Father's Father's Birthplece / 0 Neme Mother's Mother's Maldan Nama Birthplece Name of parson giving How related Information CAUSES OF DEATH Primary e arbeilely CORONER How long PHYSICIAN Are the name, age, sex, color, date and piace correctly given above? Signature of Physician Address Œ Accident or Suicida OFFICE SUPPLY CO., 11-15-98



Name CERTIFICATE OF DEATH Full MARYLAND Days Months Age Δ Color or Birth-Z ANSWERED RIE Occupation Where Residing if no at place of death Married, Single Name of Wife or or Widowed Fethar'a Father's Birthplace Name Mother's Mother's Birthplaca Maiden Name Name of person giving How related Information CAUSES OF DEATH α How long ONE PHYSICIAN č Are the name, age, sex, color, date and placa correctly given above? cident or Suicide OFFICE SUPPLY CO., 2284

Sacred Heart Cemetery april 28 = 09 Lilly und Geiler Andertakers.

Name in Full CERTIFICATE OF DEATH County Died at MARYLAND Months Date of death 190 4 Age ATTEN ANSWERED BY REST FRIEND Color or Race Occupation Where Residing if not at place of death -Married, Single Name of Wile or Husband or Widowed TO BE Father's Father's Birtholace Name Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary ORONER How long SICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Accident or Suicide?

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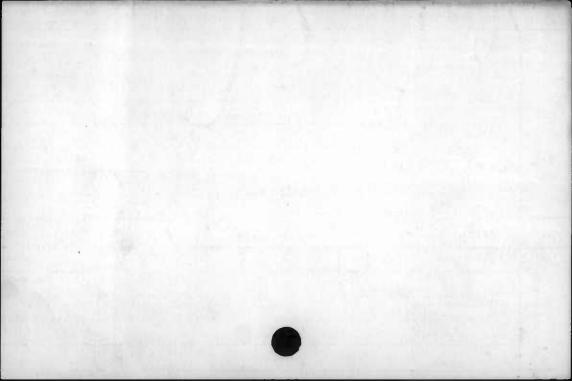
Full Honny treslong Died st Astington Baltimore Date of deeth 1909 April 20 Birth- Baltimore City male at place of death Where Residing if not Harness & Saddlem at place of death Arlington Merried, Single Mamed Name of Wife or or Widowed Mamed Husband Sophia Emich Father's Name Tricholas Enrich Father's Balto . Lounly Mother's Meiden Neme Juleanne Lorsythe Mother's Balts . Caty How related Many S. Endech wife Information Organie Leart die Exhaustin Are the name, age, sex, color, date Signature of end plece correctly given above? Accident or Suicide Meether

Reciteratown Cometay

Name in CERTIFICATE OF DEATH Full County-MARYLAND Died at Months Days Day Date Age of death 190 Color or Birth-ANSWERED REST FRIEN Sex Race place Occupation Where Residing if not at place of death Name of Wile or Married, Single d Widowed TO BE Father's Father's Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased a In formation CAUSES OF DEATH Primary CORONER How long PHYSICIAN necemony. Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address LIBRARY BUSEAU A88516



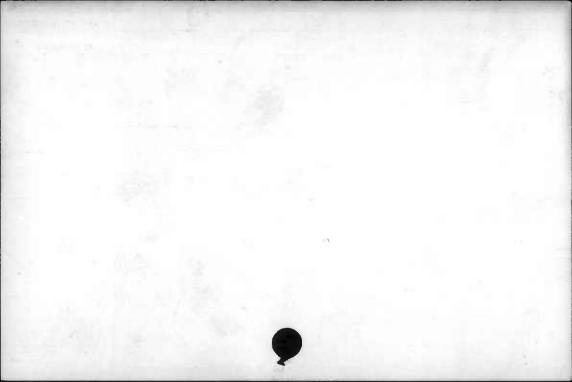
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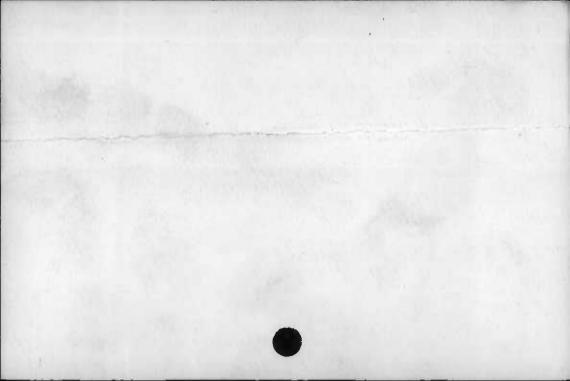
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Interment at Black Books Cemetery on Wednesday 14 th 09 N. 6 Brooks

Name in Full Montha Date Age Birth-Color or z RIE Race place NSWER Where Reaiding If not at place of death Married, Single 4 Birthplaca & Name Mother's Mothar'a Name of paraon giving How related Information E How long SICIAN RON Are the name, age, sex, color, date Signature of 0 and placa correctly givan above? Phyaician Addrass 0 Accident or Suicide OFFICE SUPPLY CO. 5-20--08



Name	X				(
Full	Darau	, yau	e. Fre	laus	X	CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Frederick			Ball	nty	MARYLAND				
	Date of death 1909	Month	Day 26	Age 8 2	Mo	onths Days				
	Sex Jeur	ale	Color or Not	lute	Birth-	Penns				
	Occupation	vuses	vile	Where Residing if not at place of death						
	Married, Single or Widowed	carried	Name of Wife or Hurband	Calel.	Freelo	eed.				
	Father's Name Duvid J, Els			nugh	Father's Birthplace					
	Mother's Marden Name Saraly aun. Me Douald									
	Name of person giving falls. Freelaced					How related Technical				
CAUSES OF DEATH (8/)										
PHYSICIAN OR CORONER	Primary Aste	nio- Sc	lerosis		How ong					
	Immediate				How long					
	Are the name, age, and place correctly			ignature of Physician	as, L	tagle				
		0		Address	new 4	redow				
(1)	Accident or Suicid		Pale							
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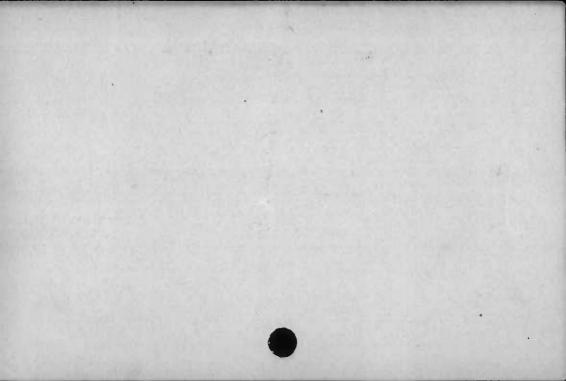
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Full	Bessel a	de ga	n		CERTIFICATE OF D	EATH	
NSWE ST FR	Died at Acline Town		Ball	mine	MARYLAND		
	Date of death 190 4 Month	Day Age 54		Mo	Months Da		
	Sex Jerrale	Color or Wiles		Birth- place			
	Docupation Housewil -		Where Residing if not at place of death	Jan			
	Married, Same of Wife or Husband						
	Father's Parriche	Father's Birthplace	Brelan	or			
	Mother's Maiden Name	Mother's Birthplace t	"				
	Name of person giving la grad	How related to deceased		1			
		CAUSE	S OF DEATH	(79)	0		
PHYSICIAN CORONER	Frimary Falty deen	ember .	of hear.	Howling	lude fuic		
	Immediate Sticks	yen	ton	How long	statan		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	herely ?	Hue		
		-	Address	ta E.	Bachin	u,	
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Martin Takey Bour Anderlakers / New Cathedral

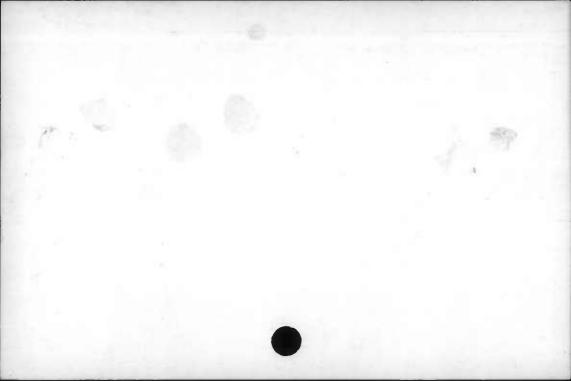
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Interment in Youdon Park Cemeter Opril 6 1909 Stewart Mowen los 215 Porkave Baltimore Md.

Name in CERTIFICATE OF DEATH Full MARYLAND Died at Menth Day Davs Date 10 of death 1909 Ω Birth-Color or ANSWERED FRIEN place. Race Sex Occupation Where Residing if not at place of death REST Name of Wite or Married, Single Husband or Widowed NEAR 田田 Father's Father's Birthplace Name 0 Mother's Mother's Birthplace Maiden Name Name of person giving How related to_deceased In formation CAUSES OF DEATH Primary How long RONER How long YSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? PIBEMEN MUNICIPAL NAME IN



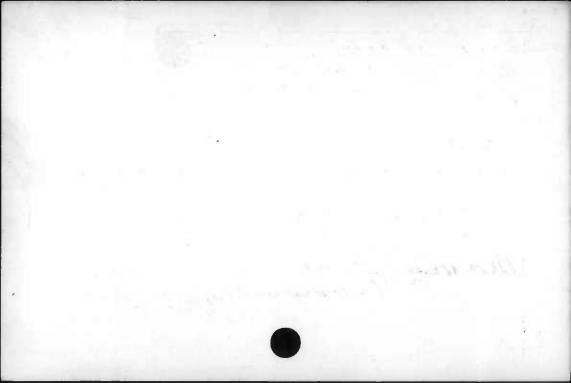
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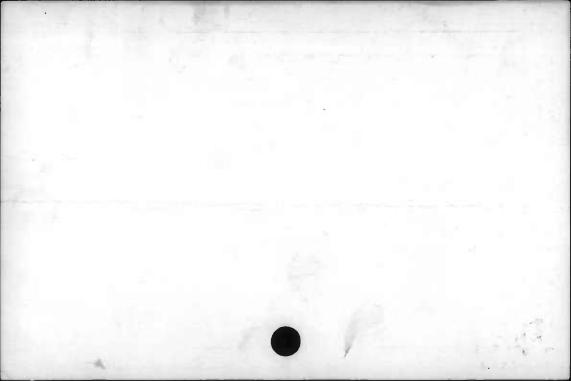
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To be Buried at Rushinton

Name Alleco CERTIFICATE OF DEATH MARYLAND Date of death 1909 . # Wit Kees un hit Ken Color or out Kum EN NSWERED Occupation I Al The Doub Know Where Residing if not at place of death none Marriad, Single Lungle Name of Wife or . Husband Fathar's Father's Birthpla Wort Kurr Name Mother's Mothar'a Maiden Name Birthplace How related not as all Nama of person giving Reculo MASTOR Retrict CAUSES OF DEATH Terminal Denieutia mouny years RONI Ara the name, age, sex, color, data and placa correctly given above? drauk and of Suicide



Name Full MARYLAND Months Days Age Color or ANSWERED FRIEN Whera Residing if not st place of death REST Married, Single Name of Wife or or Widowed Husband BE EA Father's Father's Birthplace Fridrick, Co, 50 Mothar's Mother's Maiden Name Nama of person giving How related Information to deceased Primary DRONER How long () YSICIAN Immediate Are the name, age, sex, color, data Signature of and place correctly given above? Physician Addresa Accident or Suicide OFFICE SUPPLY CO., 11-15-08



Name in Full CERTIFICATE OF DEATH MARYLAND Months Days Date Calid Color or ANSWERED FRIEN Occupation Where Residing if not Laborer , at place of death Married, Single Manued Name of Wife or or Widowed Father's Birthplace Unknow Father's Unknown Name Mother's Mother's Unknown Birthplace Maiden Name Name of person giving How related Withen moore to deceased Mone In formation CAUSES OF DEATH Primary DRONER How long YSICIAN **Immediate** Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident - Suicide: LIBRARY BUREAU ABSELS

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Name Jane Rebecca Hall in Full CERTIFICATE OF DEATH Died at Catonsville MARYLAND Davs Months Color or ANSWERED Where Residing if not Catonwelle at place of death Married, Single momest Name of Wile or BE Father's Father's Name of person giving Heury CAUSES OF DEATH Primary How lo ER How long NO **Immediate** Are the name, age, sex, color, data and placa correctly given above? Physician Address SISSON UNBRUG YBARRIL

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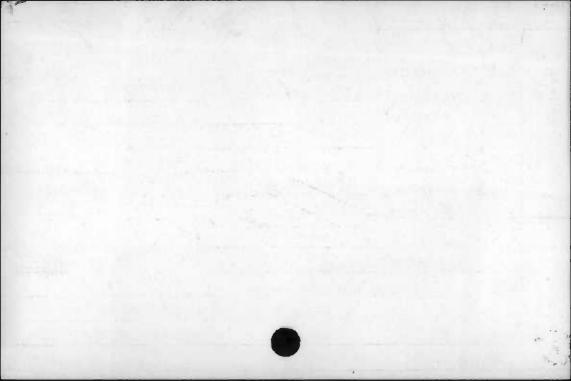
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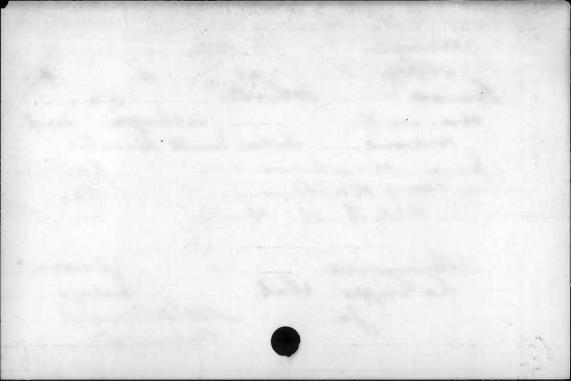
Name in Full	Marc	Paret	2.	Varvey	, 1	CERTIFICATE OF DEAT			
TO BE ANSWERED BY NEAREST FRIEND	Died at Back River Ballo				Ballo,	MARYLAND			
	Date of death 190 g	Month	Day 6	Age 37		Montha Daya			
	Sex Finn	~ /	Color or Race	White	Birth- place	Batt			
	Occupation	me		Where Realding at place of death	if not Eastern and the	Pord Back Rines			
	Name of Wife or William Harry								
	Father'a Name	iomas.	Green		Father'a Birthplac	· Batt			
	Maiden Nama Birth					her's Batts			
	Name of person giving Information	- L	How rela						
CAUSES OF DEATH (120)									
BHYSICIAN	Primar	V Lion)elser	ily	How los				
	Immediate U	remi	a		How long	/ week			
	Are the name, age, aex and place correctly giv	color, date en above?	Ses	Signature of Son Physician	red Ca	ruther?			
			0	Address 22	29 81.	Balle St			
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Wendell Dippel & Son_ Oak Facy Cometery. -Sat. april 10/09.

Name CERTIFICATE OF DEATH MARYLAND Dav Months Days Date Age Color or ANSWERED FRIEN Race Occupation Where Residing If not at place of death Married, Single Sur Name of Wife or Husband Father's Father's Name Name of person giving How related Fath In formation CAUSES OF DEATH Primary ORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address LIBRARY BUREAU ASSES

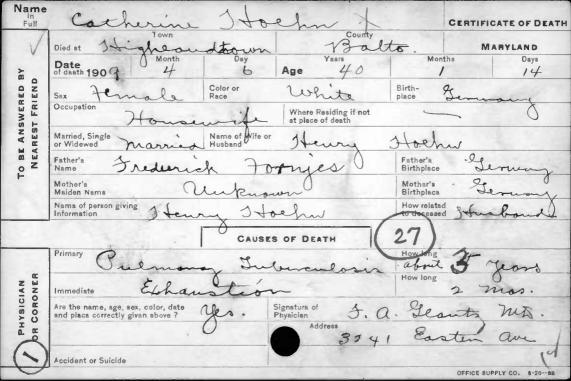


Name in Full CERTIFICATE OF DEATH Town County Died at m. MARYLAND Month Day Months Days Date of death 190 Age BY FRIEND Color or Birth-ANSWERED Race place Occupation Where Residing if not at place of death REST Married, Single Name of Wife or Husband or Widowed NEA TO BE Father's Father's alto. 60 md. Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN **Immediate** Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BUREAU ARRESO



Name Full CERTIFICATE OF DEATH MARYLAND Months Date Days Age Birthplace ANSWER Occupation Where Residing if not at place of death Married, Single Name of Wife or molound Husband or Widowed TO BE Father's Birthplace Mother's Birthplace Name of person giving Prioly How related to deceased CAUSES OF DEATH Primary E How long YSICIAN 20 Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Whenefor Accident or Suicide? LIBRARY BUREAU ASSESS

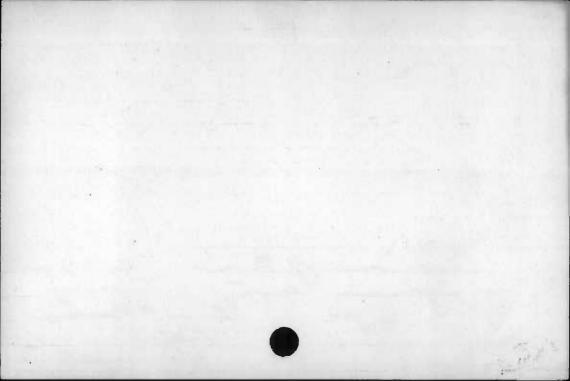
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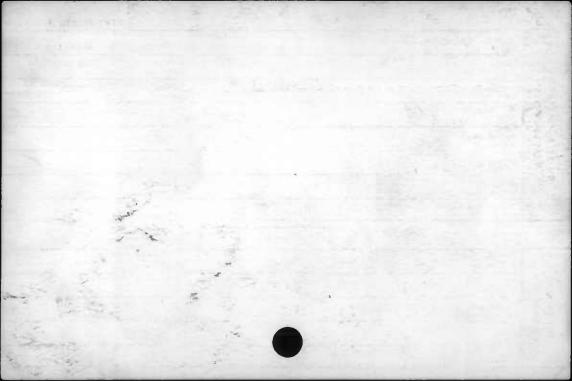
Minity Cemely Handu Hons April 8. 1909

Name									
Full	Maller Herry	7	CERTIF	CATE OF DEATH					
1	Town	County							
17.	Died at news Healeithor fee	Baltumor	Months	Days					
ANSWERED BY REST FRIEND	Date of death 1909 April 7	Age In hop							
	Sex Male Color of Race	shile-	Birth- place Ball						
	Occupation Ress Hands	os Burd St A	allo M.						
	Married, Single 1 Mark Name of Wife or Husband								
TO BE	Rather's Name Waller He per	Father's Birthplace							
Ţ	Mother's Maiden Name & Prist	Mother's Birthplace							
	Name of person giving Narus Watt	er Herrben	How related to deceased	Sher					
CAUSES OF DEATH (166)									
	Primary		How long						
CIAN	Immedia Strick by Engone PHARR as the alchoping solo county								
PHYSICIAN R CORONEI	Are the name, age, sex, color, tate and place correctly given above?	Raysician Coroner Robert & Clarke							
G 80		Address	t sen	E					
0	Agaident or Assaulint			md 12					
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I. Frw. Mc Cully Undertaker 39 E. Fort ave For Burial at Ordar Hill Emstry Name Garl Ulysses in Full CERTIFICATE OF DEATH Died at St Helena MARYLAND Months Davs Date of death 1909 apr 14 Color or Birth- St Welena sex male ANSWERED Occupation Where Residing if not St Helena at place of death Name of Wife or _____ Married, Single Husband or Widowed ohn a Trughes Father's Father's md-Name Birthplace Mother Many aret Bauresischut Mother's Birthplace How related Name of person giving John a Hugher to deceased fathe In formation CAUSES OF DEATH Primary How lon How long exhaustron NO 1mmediate Are the name, age, sex, color, date Signature of ornerc and place correctly given above? Physician Address 200 Accident or Suicide? LIBRARY SUREAU ASSESS



Name CERTIFICATE OF DEATH Full Town Celuaty Died at MARYLAND Month Day Months Date Age of death 190 4 0 Color or Birth-Z NSWERED RIE Race Sax place Occupation Where Realding if not at place-of death NEAREST Married, Single Name of Wife or K or Widowed Huaband 8 E Father'a Father's To Birthplace Name Mother's Mother'a Maiden Nama Birthplace Name of person giving How related Information to deceased CAUSES OF DEATH Primary Bet. 2+3 yrs. arcura œ How long ONE PHYSICIAN aculi Immediate OR Are the name, aga, sex, color, data Signatura of and place correctly givan above ? Physician Address Mule Hall Accident or Suicide OFFICE SUPPLY CO.



Name les Hustedt in Full CERTIFICATE OF DEATH MARYLAND Months Birth-place ANSWERED Where Residing if not at place of death Name of Wile or Husband 田田 Charles Hustedt, In Birthplace atherine Buschmann Mother's Birthplace How related In formation CAUSES OF DEATH Primary How long PHYSICIAN NO OR Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BURKAU ABSSIS

Zirkler + Birkler 1739 E. Eager St, Trinity Cemetery april 14-1909 Name in CERTIFICATE OF DEATH Full Died at Fly Claimen MARYLAND Months Days Date of death ! 90 4 Birth-place ANSWERED Occupation Where Residing if not at place of death Married, Single Name of Wife or or Widawed Father's Birthplace Name Mother's Mother's Birthplace Maiden Name Name of person giving to deceased In formation CAUSES OF DEATH DRONER How long Are the name, age, sex, color. date Signature of and place correctly given above? Physician Accident or Suicide?

Par Lam May (aft Theme Midelapa

Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Date Davs of death | 90 FRIEN ANSWERED Where Residing if not at place of death Husband TO BE Father's Mother's Birthplace Name of person giving How related In formation to deceased CAUSES OF DEATH Primary How long EB How long NO Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LISBARY BUREAU ASS

F. Lassohn Sons Lavrel Cometery Name in Full Months Days Date of death 190 9 Age FRIEND Color or Race Birth-ANSWERED Occupation Where Residing if not at place of death Name of Wile or Marriad Smale Husband or Widowed TO BE Father's Father's Name Birthplace Mother's Maiden Name Birthplace Name of person giving How related In formation CAUSES OF DEATH ONER How long PHYSICIAN Immediate E Are the name, age, sex, color. date and place correctly given above? Accident or Suicide? LIBRARY BUSEAU ASSESS

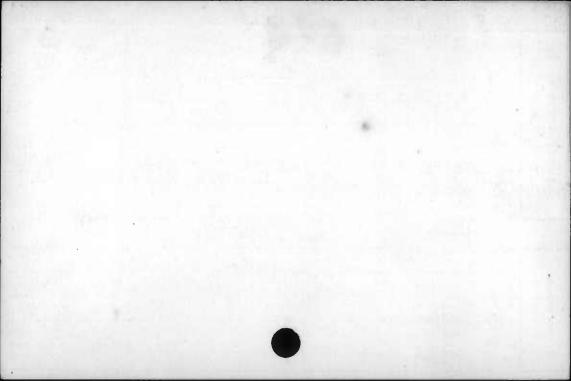
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Name CERTIFICATE OF DEATH Full MARYLAND Died at Deys Date Age of death 190 Ø 0 Birth-Color or ANSWERED FRIEN Sex Race place Occupation Where Realding if not at place of death REST Name of Wife or Married, Single or Widowed Huaband NEAF Father'a Father'a P Birthplace Neme Mother's Mother's Meiden Name Birthplace Name of person giving How related Information CAUSES OF DEATH Primary How Howmong PHYSICIAN NO Immediate œ Are the name, age, sex, color, date Signature of and place correctly given above? Physician Addressa Accident or Suicide OFFICE SUPPLY CO. 4-20-- AS

J. B. Schuhr Son: Oak Lown Mil 23rd 1919

Name George Roppelman (Full MARYLAND Months . 78 Birth- Margland. ANSWERED Where Residing if not Booth Kugen at place of death Name of Wite or Husband 1 1 1 1 1 Father's Mulchown Mother's Birthplace wellonger. Mother's Kenkenown Name of person giving DEn. Brush How related to deceased home CAUSES OF DEATH Primary Mitral Tusafficiency Immediate Treach Pailure EB 10 days. Are the name, age, sex, color, date Signature o and place correctly given above? Physician Sheppard Vlarch Vouts Hosp Interment in Baltimore and. Stewart Muce Co 215 Parkaue Ballino Oude

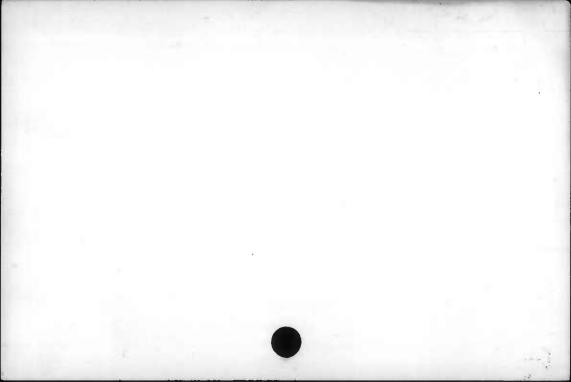
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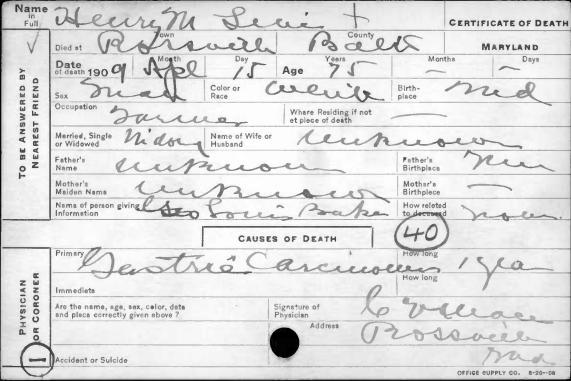


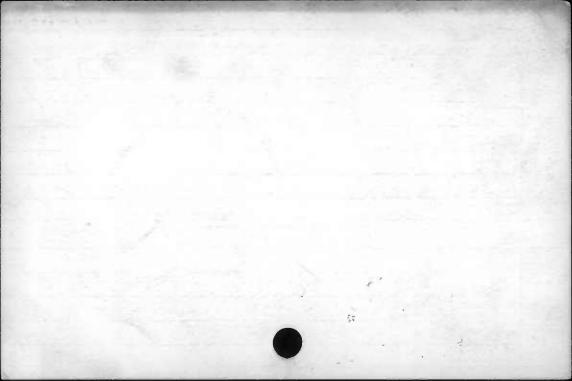
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Holy Redeemer Cem. apr. 8" /09 Windell Sippel Som

Name Elizabeth Lafosle Ballmuon Died at Motore Reman nukum Race While NSWERED Sex Male Where Residing if not Occupation none at plece of death Married, Single Junifle Name of Wife or Father's Birthplace Mot Kunny Mothar's Mothar's Maiden Name Birthplace Name of person giving How related INI at all Information Primary Mclaucholin Agitala How long Immediate Guddenly Cardine Parolysis 6 RON Signature of Physician of Theuk Are the name, sge, aex, color, dete-end place correctly given above?

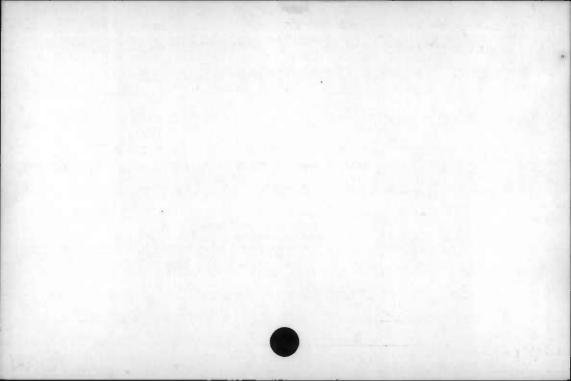




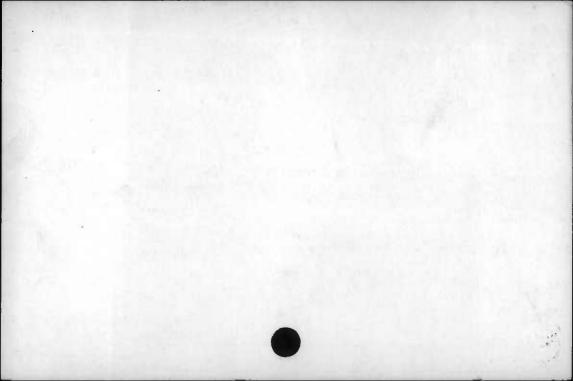


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War Cook Landon Park april 21. 1909 Name in CERTIFICATE OF DEATH Full MARYLAND Months Days Date Birth-place Color or FRIEN ANSWERED Sex Married, Single or Widowed Name of Wife or Husband E E Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to doceased In formation CAUSES OF DEATH Primary E L How long Z ORO Are the name, age, sex, color. date Signature of Physician and place correctly given above? Address Accident or Suicide?



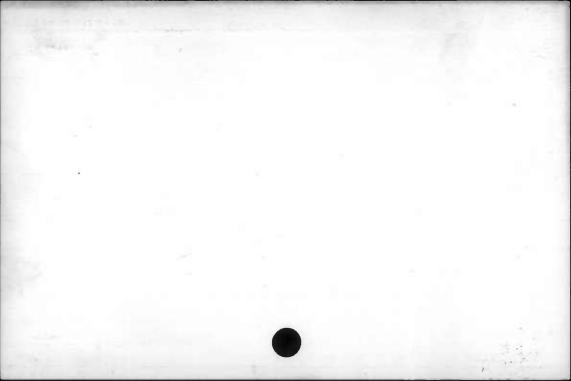
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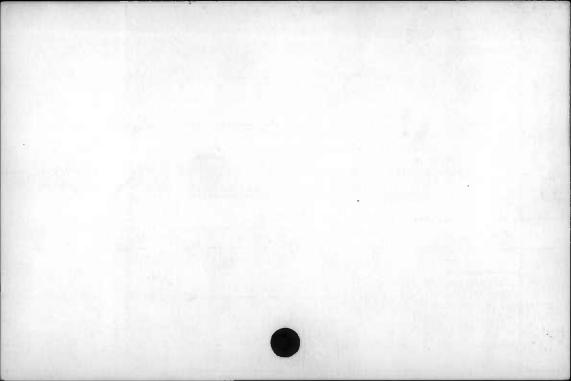
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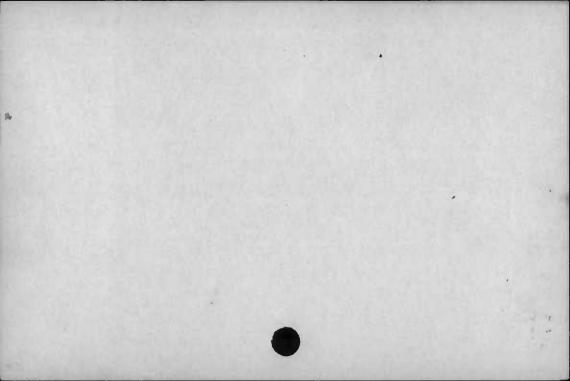
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Name in Full CERTIFICATE OF DEATH County Town Died at 7 MARYLAND Months Date of death 1 90 9 Age Color or ANSWERED Sex Оссирания Where Residing if not at place of death REST Married, Single or Widowed Father's Father's Birthplace Vingini 4 Name Mother's Mother's Birthplace Maiden Name How related Name of person giving / to deceased He In formation CAUSES OF DEATH Primary ONER How long PHYSICIAN Are the name, age, sex, color. date Signature of and place correctly given above? Physician Address Accident or Suicide?

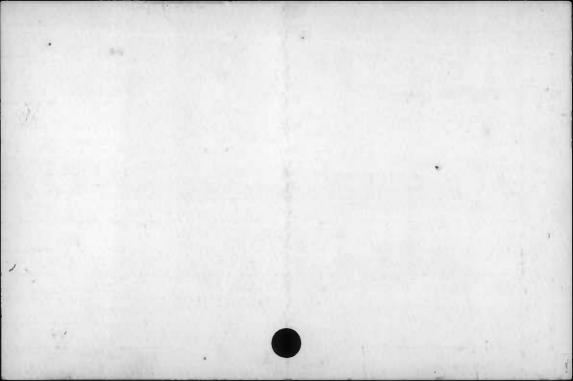


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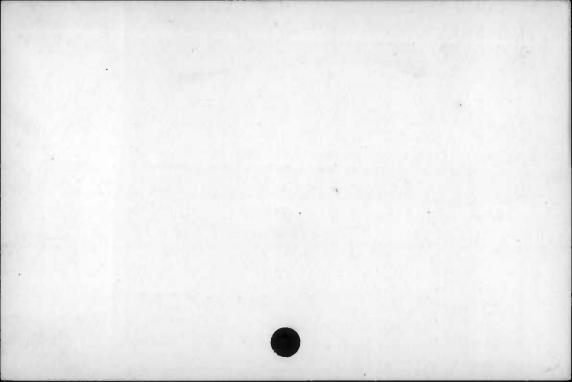
Win Bok, Born Men Cathedral Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Days Date of death 1900 Age Color or Birth-FRIEN ANSWERED Sex Race place Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wife or or lowed Husband TO BE Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related In formation 17 to deceased CAUSES OF DEATH Primary How long CORONER / How long PHYSICIAN Immediate Are the name, age, sex, color. date Signature of Physician and place correctly given above? Address Accident or Suicide? LIBRARY BUREAU AL

London Park May 3-1909 Bertram W. Gow Funeral Director

Name	<i>b</i> 1	10			
in Full	Rachel O 1	M 175h		CERTIFI	CATE OF DEATH
TO BE ANSWERED BY NEAREST FRIEND	Died at Boring		But County	Balts County MARYLANE	
	Date of death 190 9 April	Day 5	Age 2	Months	Days
	Sex Temale Color or White		Birth- Dirgina		
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Rev. Mm. H. Marsh			Father's Birthplace Md	
	Mother's Maiden Name Fruby Thompson			Mother's Washington	
	Name of person giving Ren Wo H March			How related To the constant of	
CAUSES OF DEATH 33					
PHYSICIAN OR CORONER	Primary Wasdue to absorption from nove from lupus of musul passage				
	Immediate Blood poisoning Howlong West.				
	Are the name, age, sex, color, date and place correctly given above?	Wilson			
	Address Forobles brough Mrs				
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100				Timps by mit	DEALL GROSSE



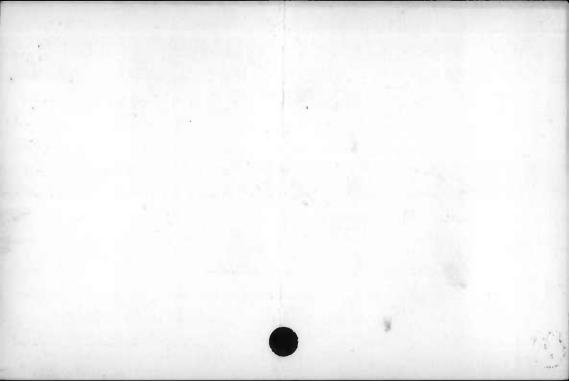
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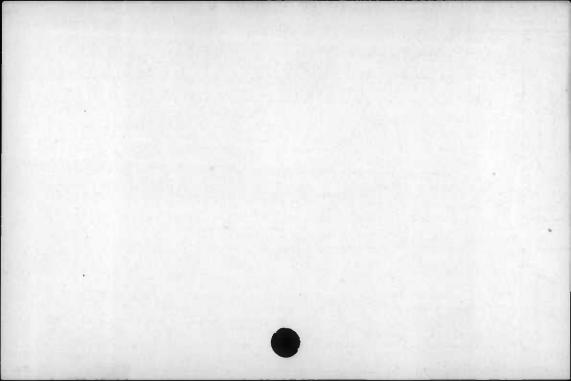
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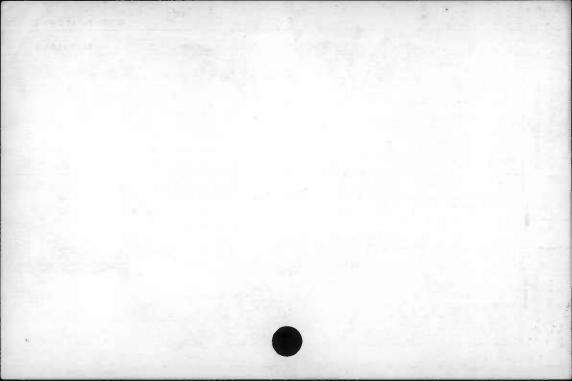
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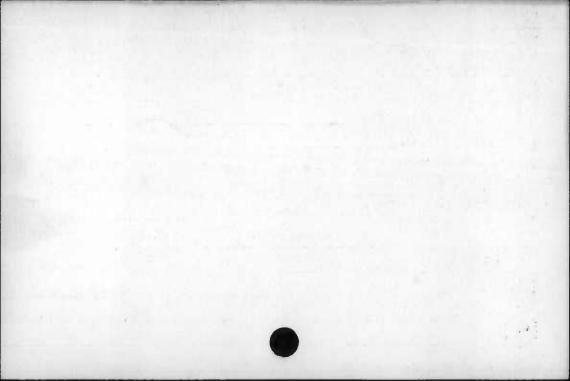
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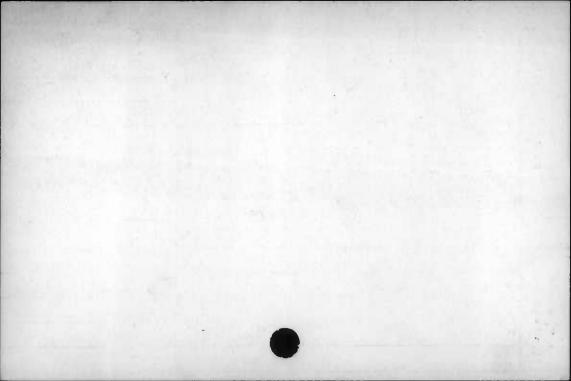
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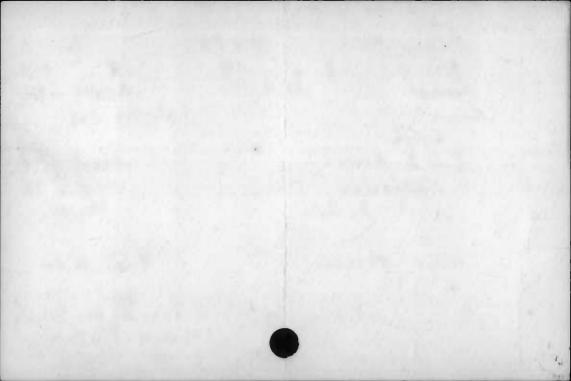
Name in Full. CERTIFICATE OF DEATH Died at White Lace MARYLAND Day Date Months Davs Color or Race ANSWERED FRIEN Sex Jemal Occupation Where Residing if not us- Have make Muse Keeper. at place of death Married, Single Name of Wife or Husband or Widowed 96 Father's Father's Father's Birthplace Mule Hace mid echard. Helen clifale Meers Mother's Birthplace Mule Lace me & Maiden Name Name of person giving Brother R. Welson How related CAUSES OF DEATH Primary about (3/ month How long NO about 31 weeks **Immediate** Are the name, age sex, color, date Signature of and place correctly given above? Physician Address Muy - Hace Accident or Suicide? LIBRARY BUREAU AREA!



Name in Full CERTIFICATE OF DEATH MARYLAND Month Date Days of death 190/ Age 0 Color or Race Birth-place ANSWERED FRIEN Occupation Where Residing if not at place of death NEAREST Married, Single Name of Wife or Husband or Widowed TO BE Father's Father's Name Birthplace Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation CAUSES OF DEATH Primary RONER PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Accident or Suicide? LIBRARY BUREAU ABEELS



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Name in Full CERTIFICATE OF DEATH Died at MARYLAND Months Date of death 190 × B ≺ Birth- Balto Cul-Color or Race ANSWERED REST FRIEN Sex Occupation Where Residing if not et place of death Name of Wife or Married, Single Husband or Widowed TO BE Father's Father's Birthplece Aux Name Mother's Mother's Birthplace cha Maiden Name How related Name of person giving In formation to deceased CAUSES OF DEATH Primary CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of end place correctly given above? Address OR Accident or Suicide? Maker

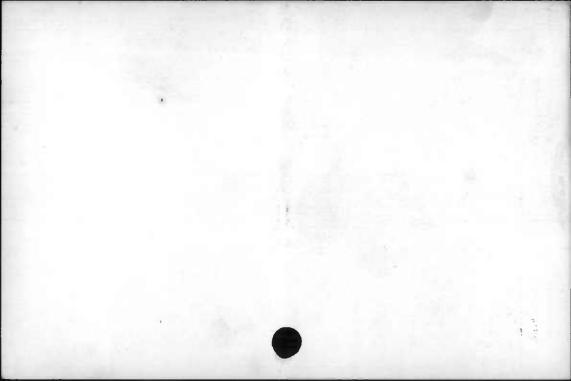
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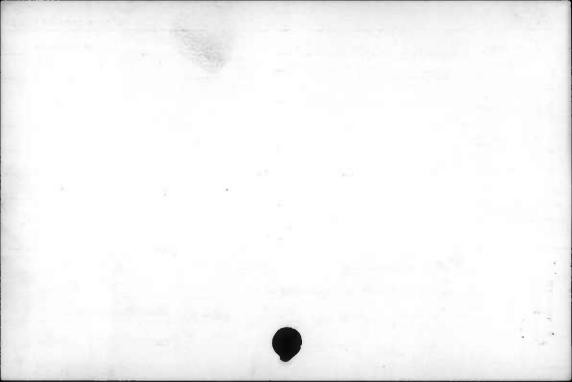
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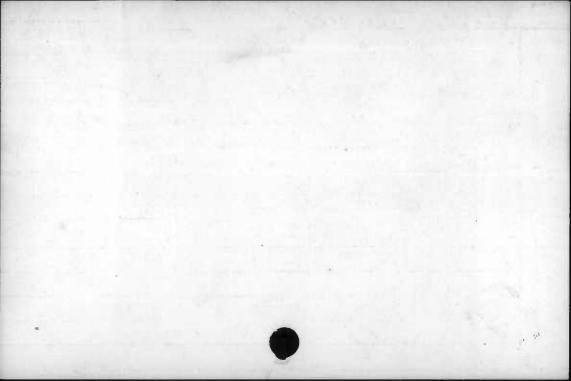
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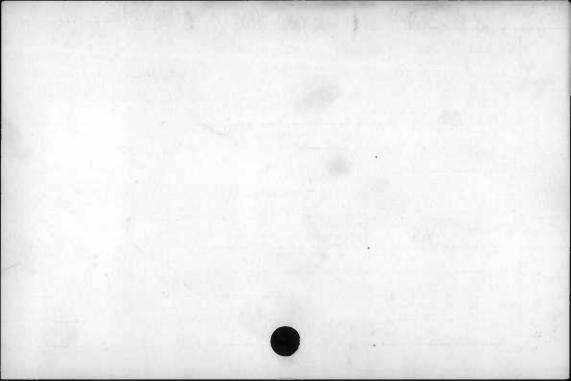


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Name Full CERTIFICATE OF DEATH MARYLAND Months Age Color or Z Birthы Race plece Whare Residing if not et place of death or Widowed Husband Fether'a Fether's Birthplaca Mother's Mothar's Meiden Neme Birthplace Name of person giving How raisted Information CAUSES OF DEATH Primary. How long M 30 How long Z 0 Are the neme, age, sex, color, date Signeture of and pleca correctly given above? Physicien Addresa OFFICE SUPPLY CO. 8-20--08

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Louis Humann 32 & Brockway Oach Some Comestary april of 1909



Name Full/	William (0,	suo.	1	CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Highland	low	Dato.	unty	MARYLAND	
	Date of death 1909 24	Day	Age Years 3	8 Mo	Months Days	
	Sax Male.	Color or Race	Thite	Birth- Do	iayland	
	Occupation Merchant: Whare Residing if not 100 at place of death			not 100 1.	Eleventh St.	
	Married, Single Hickwird, Name of Wife or Ploseull Paymo declared					
	Father's Charles. M. Raymo.			Father's Birthplaca	Maryland	
	Mother's Malden Nama amelie & Muglit.			Mother's Birthplace	Mother'a Birthplace.	
	Nama of person giving Information	abetl Zu	yels	How relate		
	U	CAUSE	S OF DEATH	(77)		
PA VSICIAN OR CORONER	Primary acute 9	exicado	h	Howdong	7 da.	
	Immediata Syuto	le Ed E	I houten	How long	24 hours	
	Are the name, age, sex, color, date and placa correctly given above?	que	Signatura of Physician	22-K	much	
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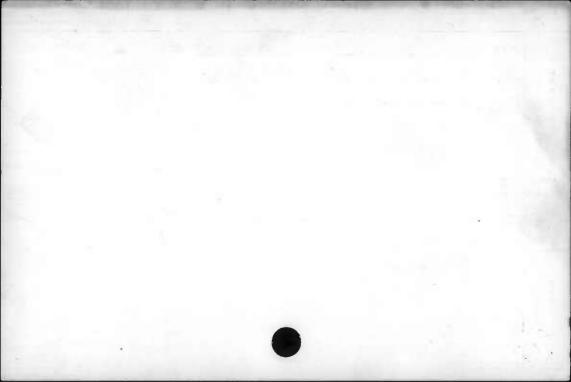
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Name in Full CERTIFICATE OF DEATH Died at MARYLAND Days Date Months of death ! 90 9 Age Birth-Color or ANSWERED NEAREST FRIEN place Race Occupation Where Residing if not at place of death Name of Wife or Husband TO BE Father's Father's Birthplace Name Mother's Mother's Maiden Name Birthplace Name of person giving How related In formation CAUSES OF DEATH Primary How log ORONER How long **HYSICIAN** Are the name, age, sex, color. date Signature of and place correctly given above? Physician Accident or Sulcide? LIBRARY BUREAU ASSELS

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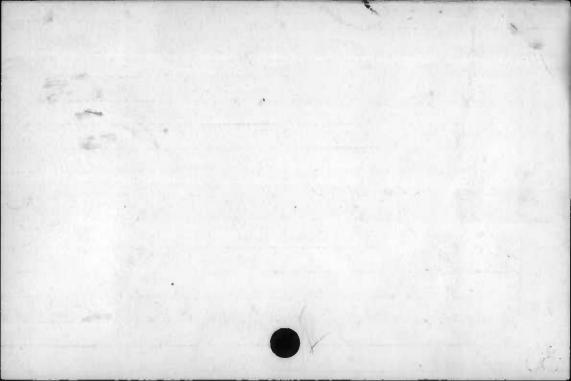
Full Thomas & Reil Sallrenon Wit Kenore 21.4R Birth- 19 mua Color or Where Residing if not at place of death Marriad, Single Quille Name of Wife or Husband Father's Father's NOT Kee Mothar's Mother's Maidan Nama Birthplace Name of person giving Reed Wf Ho How related of al CAUSES OF DEATH Primary enmonia Suldenly Cardiae Sypeothe RON Ara the name, aga, sex, color, data Signature of and place correctly given above? Physician



Name in CERTIFICATE OF DEATH Full County Died at MARYLAND Months Day Date Age Birth-place Color or FRIEN ANSWERED Race Occupation Where Residing if not Beach Clerk REST Name of Wife or Married, Single or Widowed Husband in Father's Father's Birthplace 01 Mother's Birthplace Maiden Name Name of person giving Mro, Ellew 10 Gal How related CAUSES OF DEATH Primary A Siveral gray DRONER How long HYSICIAN Are the name, age, sex, color. date Signature of Physician and place correctly given above? Accident or Suicide? LIBBARY BUREAU ASSELS

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Name in Full CERTIFICATE OF DEATH * Town County Died at in as ville MARYLAND Day Month Months Days Date Age of death 190/ FRIEND Color or Birth-ANSWERED France place Race Occupation Where Residing if not at place of death Married, Single-Name of Wife or Husband er Widowed TO BE Father's Father's Name Birthplace Mother's Mother's Maideh Name Birthplace Name of person giving How related In formation CAUSES OF DEATH Primary How los CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suicide? LIBRARY BUREAU ASSELS



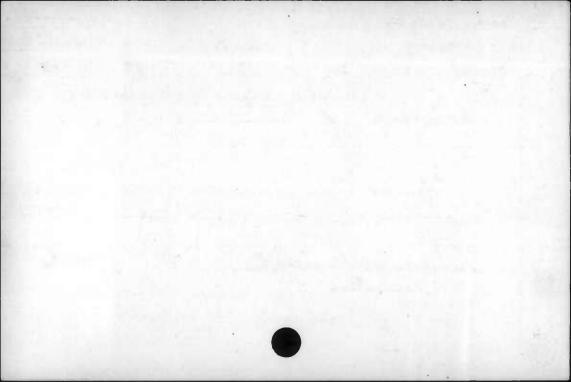
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Um Cook Du Carmel Cem. monday. april 17/29

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Clark Lawn Ceur April 21/1909 WM Cook Undertaker 502 E North ave

Name	4			_				
Full Surant of Maylor Mr. Ruppers & Bissis G. Ruppers CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND	Died at Que vices		Bacting	M.	MARYLAND			
	Date of death 1909	Day	Age Years.	Months	Days			
	Sex male	Color or Race	rite.	Birth- Pikeson	ile			
			Where Residing If not at place of death					
	Married, Single or Widowed	Name of Wile or Husband						
	Father's May los M. Rup post			Father's Breto Co. lend,				
	Mother's Marden Name Bessie G. Longley			Mother's Birthplace				
		wor Tr.		to declased 7	her			
CAUSES OF DEATH								
	Primary Breach	Present	ation a	Howing Luca	The.			
PHYSICIAN OR CORONER	Immediate asphire	+'a -	- min	How long	- dana			
	Are the name, age, sex, color. date and place correctly given above?		ignature of A	ny a. 770	sylv			
			Address	Louse Hra	ech Ofice			
	Accident or Suicide?			Pokesville	weil.			
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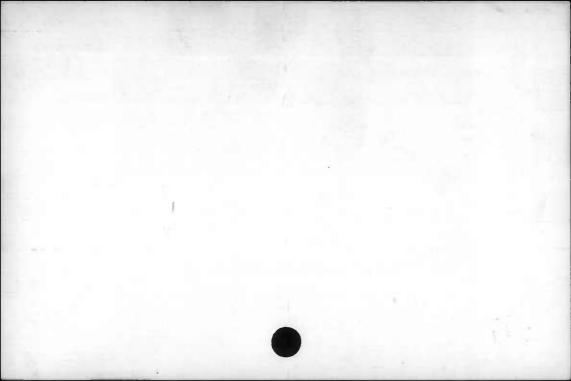


Name	7. 0 -11	000	+	1			
Full	mary Sorotte	y Jours	y ·	CEI	RTIFICATE OF DEATH		
11	Died at Casheling	6	Balt.		MARYLAND		
×	Date of death 1909	24	Age Years	Months 17	Days / O		
ED BY	Sex F	Color or M	Color or M		Birth- place Balftity		
ANSWERED	Occupation Selvolgisl		Where Residing if not at place of death				
	Married, Single Name of Wife or Husband						
N EA	Father's Cleax & Schutty			Father's Birthplace	rolf.		
0 F	Mother's Maiden Name Catherine				Birthplace 113 all.		
	Name of person giving In formation	How related	Father				
In formation Chas 4. Schults Causes of Death (28)							
	Primary Tuber ou	lor Merri	r Meningitis		necks		
SICIAN		ustim	0	How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	Yes		L. Willai			
d a		V	Address Rb	speburg	rid.		
(Accident or Suicide?	ther		<i>T</i>	16		
				LIBRA	RY SUREAU ASSSIG		

W.J. Schilling

Holy Reclumer

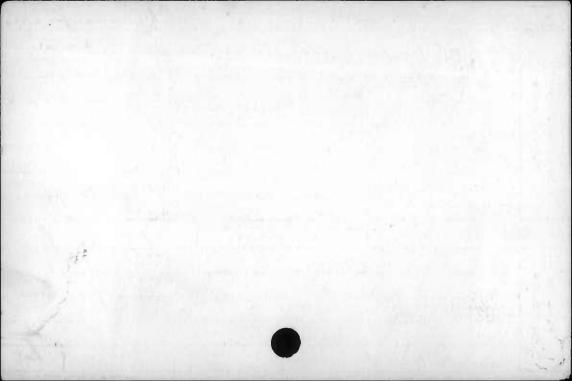
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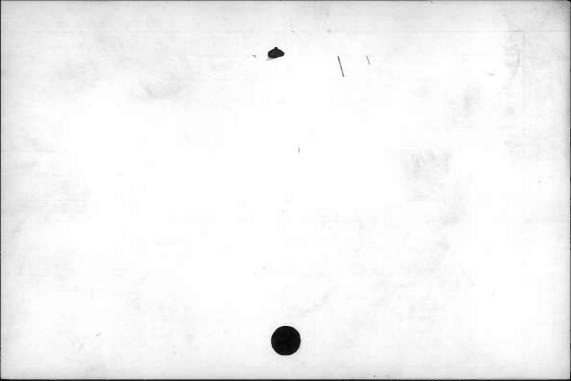
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Joo B. Cook

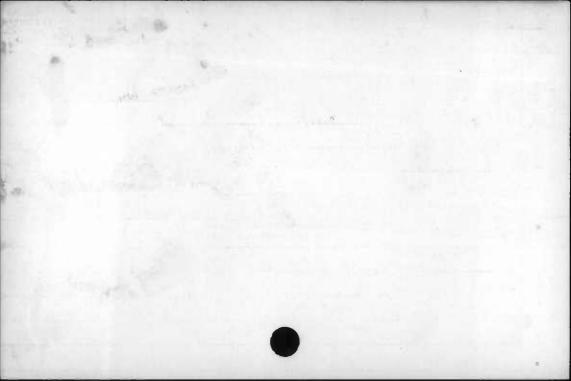
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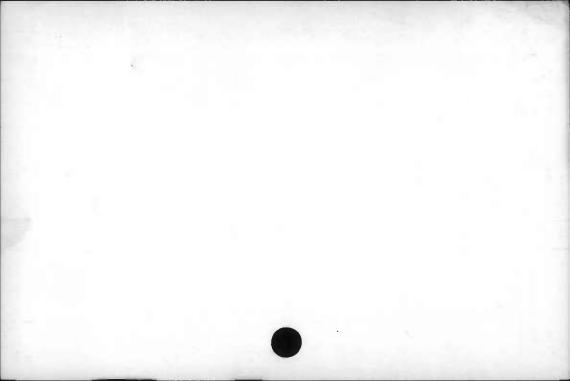
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Name Tillie. in CERTIFICATE OF DEATH Full. Died at governstown MARYLAND Months Days Color or Black Birth- Herford-Ca, ANSWERED Where Residing if not Stours girl at place of death Married, Single Single Name of Wile or Husband TO BE Father's Harman Smith Father's Virginias Birthplace Mother's Marden Name Mary Surffe Bond How related to deceased In formation CAUSES OF DEATH Primary Telmonary Phothiris E How long PHYSICIAN Z Immediate 0 C Are the name, age, sex, color, date Signature of Physician and place correctly given above? Accident or Suicide? LIBRARY BUREAU ASBOIR

Alt Bion Cemetry Yovanstoun-Baltolo John Burns Sons Towson Md. O Josh Road - below File & the . 1st, house in milan row. Thursday 20'clock

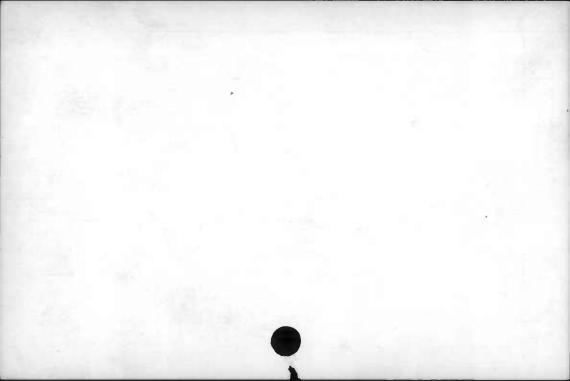
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	Mother's Maiden Nama Ella & reise Leyeles			Mother's Pluba La,		
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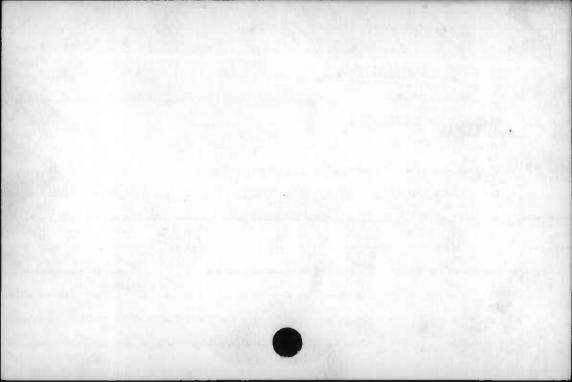
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Leonard Rils Jr. # 2 3 36 8. Balle. 57. Buial May 101/69 12 Ger. Evan. Name in Full MARYLAND Months Days Date Age of death 1909 0 Birth-ANSWERED FRIEN place Occupation Where Residing if not at place of death Name of Wife or Married, Single or Widowed Husband 38 NEA Father's Father'a Birthplace Name Mother's Mother's Maiden Name Birthplace Nama of person giving How related Information to deceased CAUSES OF DEATH Primary Œ How long ONE PHYSICIAN Immediate Inamillion CORC Are the neme, ege, sex, color, data Signeture of and place correctly given above? Physician Address œ Accident or Suicide OFFICE SUPPLY CO. 5-20--08 John Burns Sons Mayer M. E. Cemetry Christmet Ridge Balls. Go

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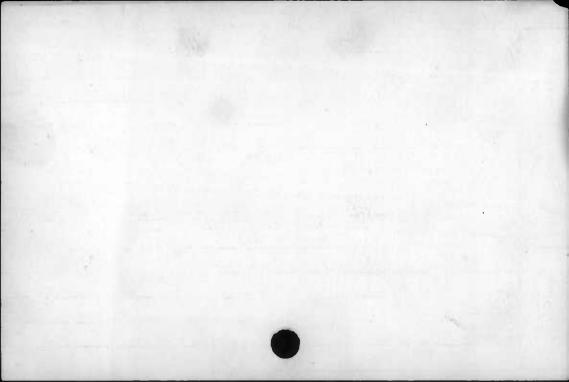


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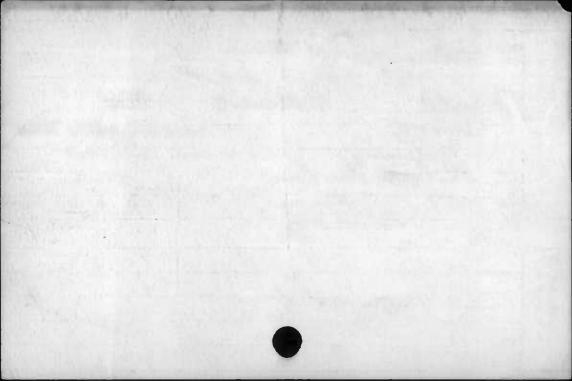
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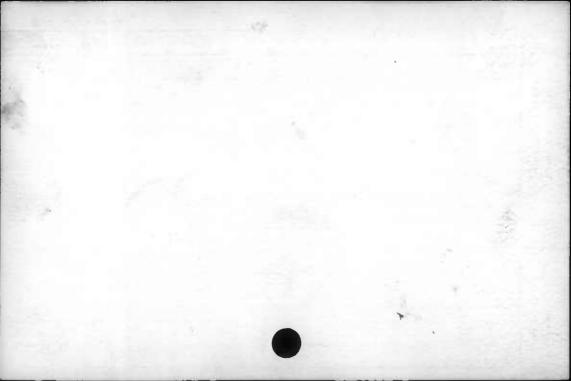


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Chie body is to be removed from Rutherville Mid to 102 & Mulberry St Ballo Mid Heling 13 Pige Hudertaker. 1028 Mulberry St Ballokid. Name Full CERTIFICATE OF DEATH Died at MARYLAND Day Montha Davs Date of death 1909 Age 0 Color or Birth-NSWERED FRIEN Race pisce Where Reaiding if not at plece of death NEAREST Married, Single Name of Wife or 4 or Widewad Huaband Eather's Father's Name Birthplace Mother'a Mothar's Maiden Name Birthplece Nama of person giving How related Information to deceesed CAUSES OF DEATH Primary CORONER How long PHYSICIAN Immediate Are the name, ege, aex, dolor, date Signature of end piece correctly given above ? Physician Address OR OFFICE SUPPLY CO. 5-20--08



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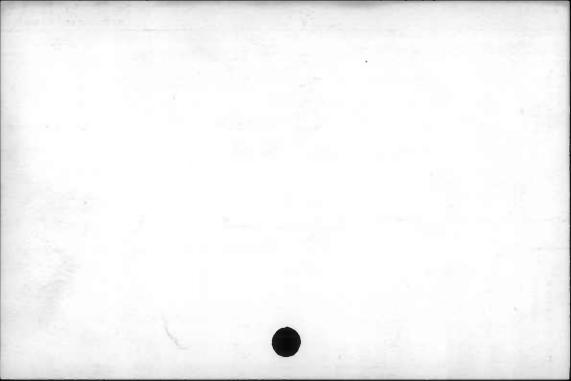
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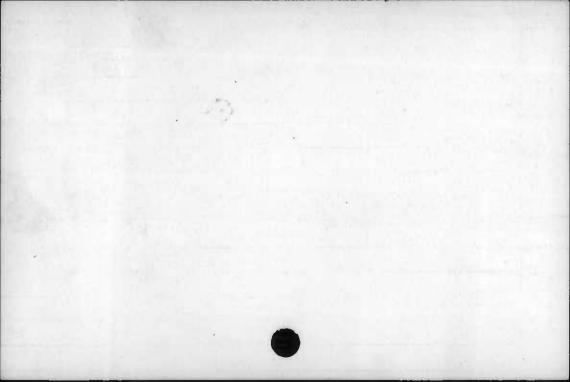
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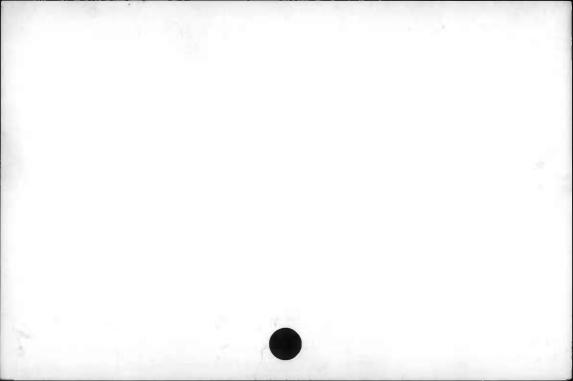
To be buried in Bion Demetery april 7th 1901 Lebt. B. Pyl

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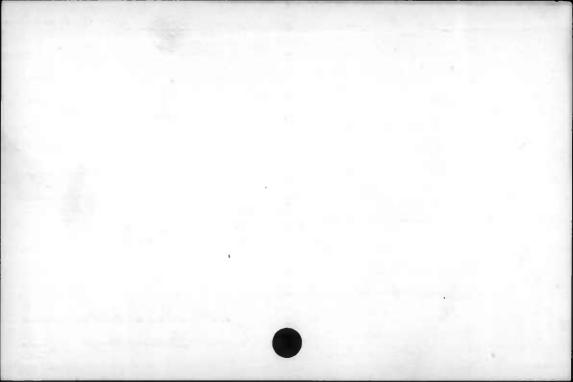
Oak Lann Cometery John Sterning of on 4/14/09 Name Edward J. Williams Full CERTIFICATE OF DEATH MARYLAND Months Days Color or ANSWERED FRIEN Race Occupation Whare Residing if not at pisce of death EAREST Married, Singla Nama of Wife or Husband TO BE Father's Fathar's ilus Williamo Birthplaca Name Mothar's Maiden Nama Birthplaca Nama of person giving How related Information CAUSES OF DEATH Primary How long Œ How long ONE PHYSICIAN Immadiata 080 Are the name, age, eex, color, data Signature of and placa correctly givan above? Physician Addrass S C Accident or Suicide OFFICE SUPPLY CO., 2284

Baltimore Ceru Juesday april 20th 1909 Wir Cook 302 & North ave. Undertaker. Name in Full Died at MARYLAND Montha Dev Days Date Age of deeth 190 Color or Birth-FRIEN ANSWERE Sex Race Occupation Whare Reaiding if not at place of death REST Married, Single Name of Wife or or Widowed NEAL BE Father'a Father's 9 Name Birthplace Mothe ' Mother's Birthplace How related Nama of person giving Information to deceesed CAUSES OF DEATH Primary ORONER How long PHYSICIAN Are the nama, age, sex, color, date Signatura of and placa correctly given above? Physician ŭ Address 00 Accident or Suicide OFFICE SUPPLY CO. 8-20--08 John Burns Sons Cunion Chapel. Harford. Co.

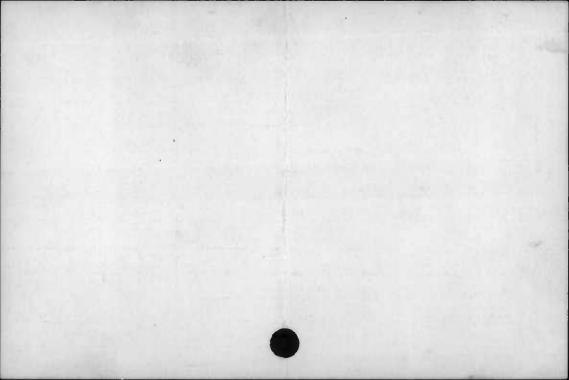
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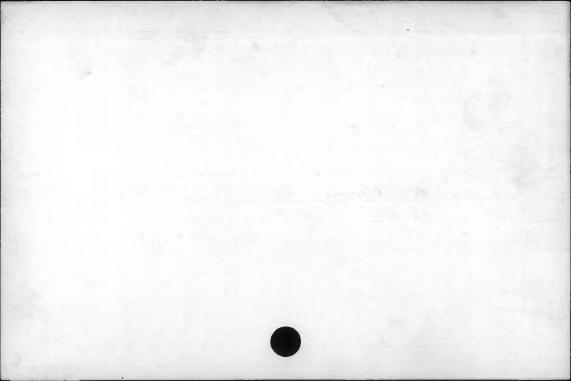
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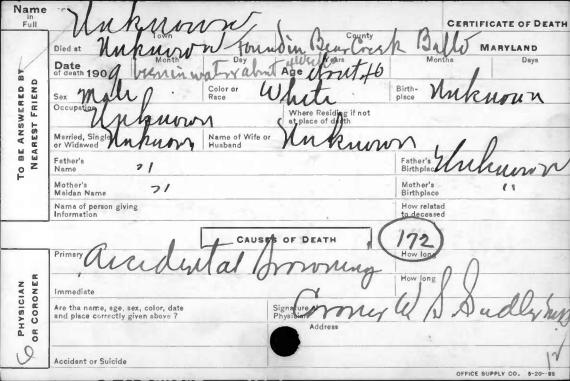


Elizabeth Catharine, Zinkhar Died at Jacksonville Daya Date of death 1909 apr. Age z Sex Jemale placa germany Occupation Whara Residing if not SE mone at place of death Marriad, Single Name of Wife or John Zukhan 4 or Widowed evidous Husband Father's Birthplace Termany Name Mother'a Mother's Katharine Wagner Birthplace german Name of person giving How related John Zinkhan to deceased do Information CAUSES OF DEATH Primary Heart Jailure During the night 80 Z Immediate Old age z 0 0 œ Signature of Are the name, age, sax, color, date Address Thos. H. Emory by. D. and place correctly given above? Physician monketon, Md. Accident or Suicide OFFICE SUPPLY CO., 11-15-08



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	Name of person giving & P	How related to deceased Anne							
CAUSES OF DEATH (176)									
PHYSICIAM OR CORONER	Primary Child be	rth		How long	Imme	diale			
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